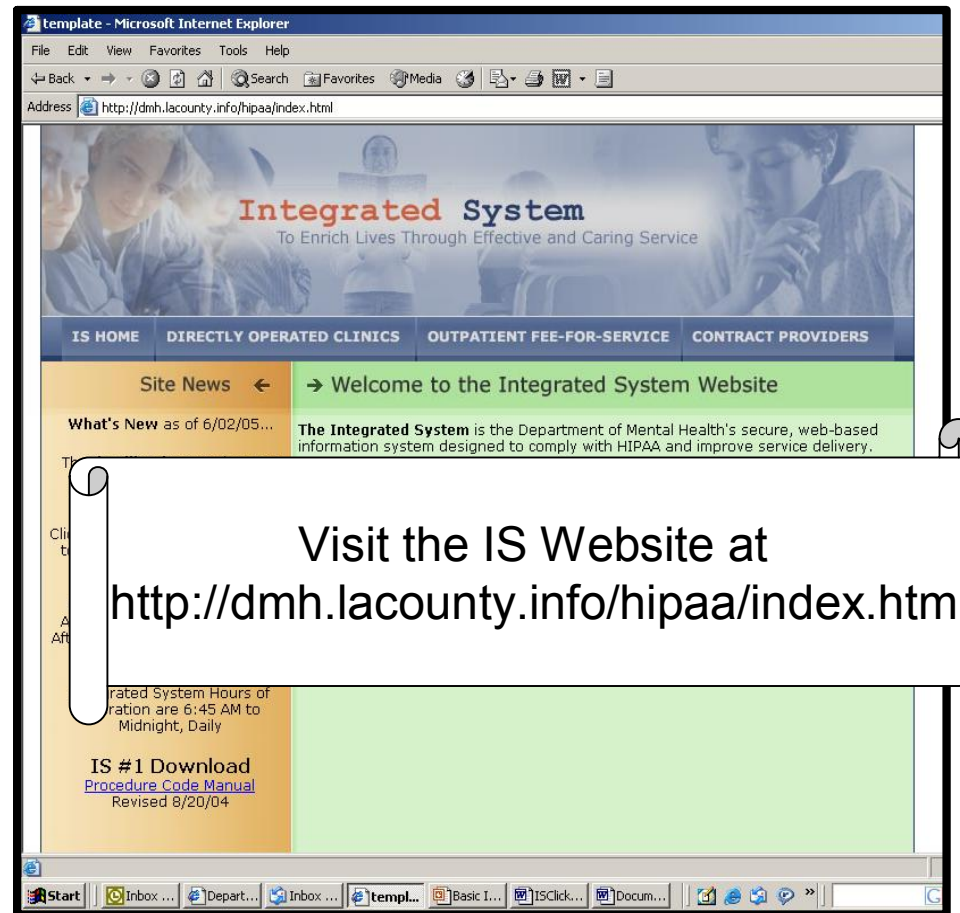


Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Resubmit a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts!

Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee:
<https://dmhisintra.co.la.ca.us>
- As a DMH Contracted Provider:
<http://dmh.lacounty.info/hippa/index.html>
- The Home Page
- How to Set Provider Context

Note:

- If you are a first time user, you will be asked to change your password.
- You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to...

2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g.
password.0104

4. Click

The screenshot shows a web browser window with the address <https://dmhisintra.co.la.ca.us/Home/Public/Login.aspx>. The page header includes the Los Angeles County Department of Mental Health logo and navigation links: Home, Clinical, Adminis, and CIOB. The main heading is "Sign In". Below this, there are two input fields: "User ID:" with the text "sazariah" and "Password:" with masked characters "*****". A large block of text provides a disclaimer about computer system usage and monitoring. At the bottom right, there is a "Sign In" button. A footer note states: "Confidential patient information, see California Welfare and Institution Code section 5328."

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Adminis CIOB

Sign In

User ID:

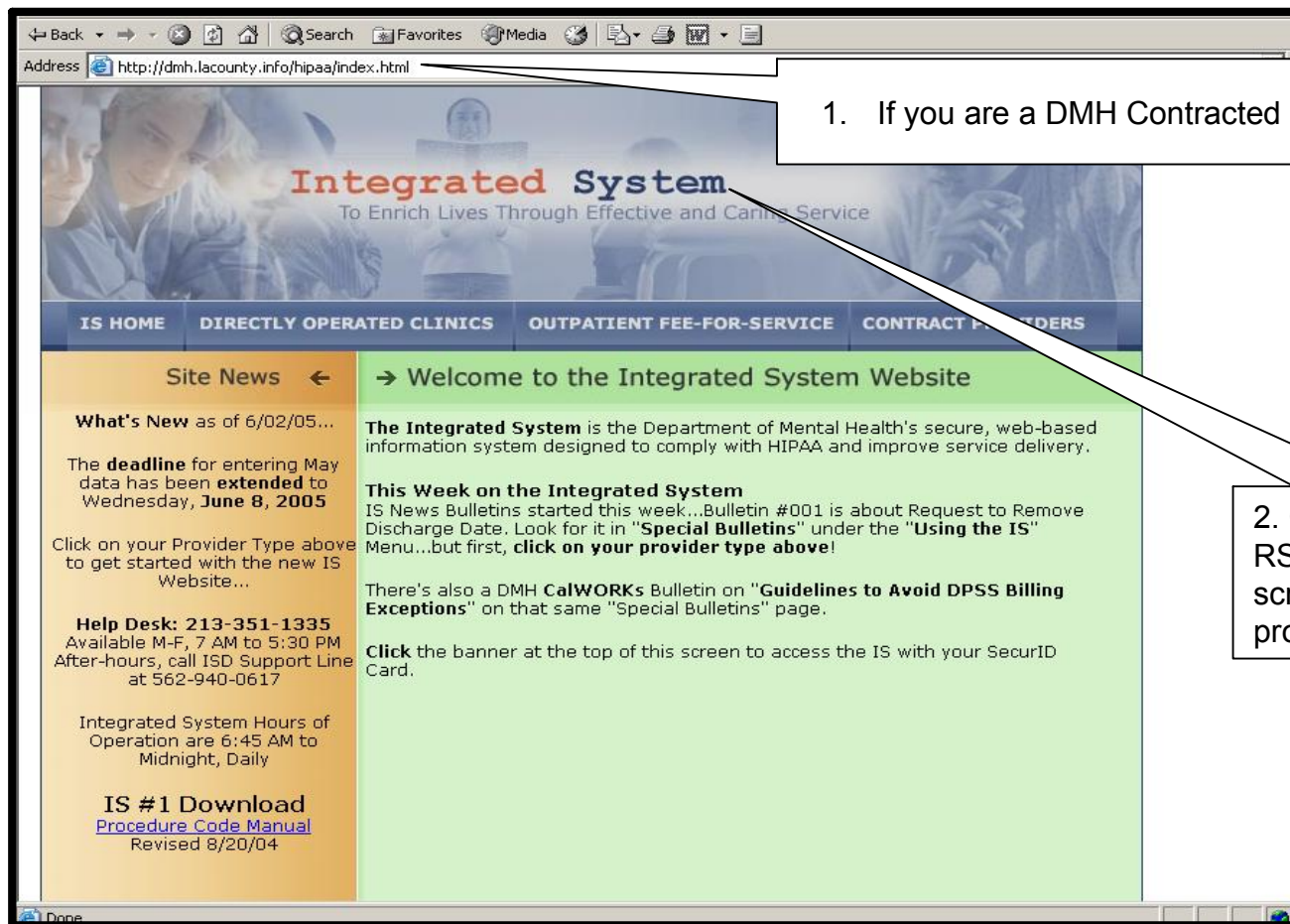
Password:

These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. By continuing, you agree to these terms.

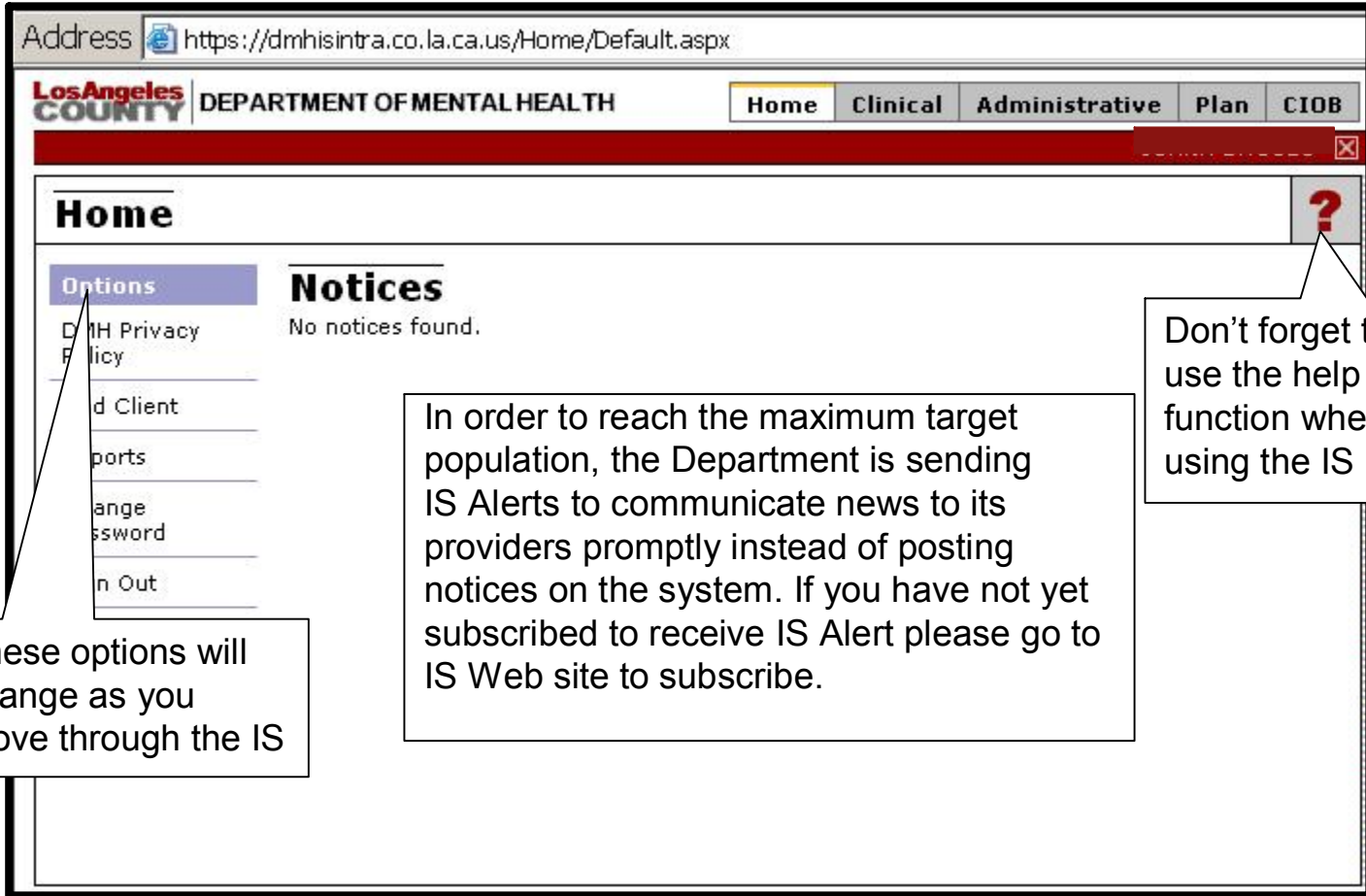
Sign In

Confidential patient information, see California Welfare and Institution Code section 5328.

Log In with a SecurID Card



The Home Screen



How to Set Provider Context

The screenshot shows a web browser window with the address `https://testdmhisintra.co.la.ca.us/ClinicalWeb/ProviderSelection.aspx`. The page header includes the Los Angeles County logo and the text "DEPARTMENT OF MENTAL HEALTH". Navigation tabs for "Home", "Clinical", and "Administrative" are visible, with "Clinical" being the active tab. The main heading is "Provider Selection". Below this, there are two dropdown menus: "Billing Provider" with the selected value "1904-ANTELOPE VALLEY MHS" and "Service Location" with the selected value "1904A-ANTELOPE". At the bottom right is a "Submit" button. A link at the bottom left reads "Use previous Provider ID".

1. Click to get started

2. Your provider information will automatically appear here

3. Select your service location/reporting unit from the drop down list

4. Click

[Use previous Provider ID](#)

EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients

Click

Click to sort list

Click DMH ID # to view client information

Select the field to filter by

Enter information

Click

The screenshot displays two screenshots of the Los Angeles County Department of Mental Health web application. The top screenshot shows the 'Find Client' page, and the bottom screenshot shows the 'Client List' page. Annotations with callout boxes provide instructions on how to use the interface.

Find Client Page:

- Options:** Return, Change Provider, Client CaseLoad, Client List, Daily Log, Manage Groups.
- Search by ID:** Type: [DMH] ID: []
- Search by Custom Criteria:** Last Name: [], First Name: [], Middle Initial: [], Birth Date: [] Or Age: [], Gender: []
- Buttons:** Search, Clear

Client List Page:

DMHID	Client Name	Phone	Primary Contact	Primary Language	UMDAP Date	SFPR
1	Tester,ExampleBill	(213) 121-1212	ARROYO-012493	01-English		[i]
	Tester,ExampleBon	(121) 121-1212	COON-E494287	01-English		[i]
	Tester,ExampleJom	(213)121-1212	ARROYO-012493	01-English		
	Tester,ExampleLanr	(213) 454-1212	COON-E494287	01-English		[i]

Annotations:

- Click:** Points to the 'Client List' link in the 'Options' menu.
- Click to sort list:** Points to the 'Client List' link in the 'Options' menu.
- Click DMH ID # to view client information:** Points to the 'DMHID' column header in the 'Client List' table.
- Select the field to filter by:** Points to the 'Filter By' dropdown menu in the 'Filter Clients' section.
- Enter information:** Points to the 'For:' text input field in the 'Filter Clients' section.
- Click:** Points to the 'Search' button in the 'Filter Clients' section.

Find a Client: Using Search by ID

Address <https://traindm>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Find Client

1. Click

2. Select

3. Select

4. Enter the 7 digit DMH ID

5. Click

Client Case

Options

Return

Change Provider

Find Client

Daily Log

Client List

Filter Clients

Filter By:

First Name

For:

Search

Options

☒ Search by ID.

Type: DMH

ID: 0000000

☐ Search by

DMH

Medicare

Medi-Cal

SSN

Last Name:

First Name:

Middle Initial:

Birth Date:

Or Age:

Gender:

Search Clear

Find a Client: Using Search by Custom Criteria

The screenshot shows a web application for the Los Angeles County Department of Mental Health. The header includes the department name and navigation tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. A user bar at the top right shows the user ID '7100-SFV CMHC CENTE:7100A-SFV CMHC' and the name 'jgarciaabagues'. On the left is a sidebar with an 'Options' menu containing links: Return, Change Provider, Client CaseLoad, Client List, Daily Log, and Manage Groups. The main content area has two search options: 'Search by ID.' (unselected) and 'Search by Custom Criteria.' (selected). The 'Search by ID.' section includes a 'Type' dropdown set to 'DMH' and an 'ID' text field. The 'Search by Custom Criteria.' section includes text fields for 'Last Name' (TestClient), 'First Name' (Example), and 'Middle Initial'. It also has a 'Birth Date' field with '07/12/1970' and an 'Or Age' field. A 'Gender' dropdown menu is open, showing 'Male', 'Female', and 'Unknown'. At the bottom right are 'Search' and 'Clear' buttons. Four numbered callouts are present: 1. Select (points to the 'Search by Custom Criteria.' radio button), 2. Complete Information on this page (points to the top right area), 3. Enter approximate age (points to the 'Or Age' field), and 4. Click (points to the 'Search' button).

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

1. Select

2. Complete Information on this page

Options

Return

Change Provider

Client CaseLoad

Client List

Daily Log

Manage Groups

☐ Search by ID.

Type: DMH ID:

☒ Search by Custom Criteria.

Last Name: TestClient

First Name: Example

Middle Initial:

Birth Date: 07/12/1970 Or Age:

Gender:

Male

Female


Unknown

3. Enter approximate age

4. Click


Search Clear

Find a Client: Results Screen

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClientResults.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1 

Find Client Results

Options No records found meeting the criteria specified.

Return


Add Client

2. Click to add a new client

1. This message will appear if the client is new

Filter Clients

Filter By:

Name 

For:

Search

EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print Mail

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

Go Links

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options Identification Contacts Financial Other Groups XRef MCal Benefits

Return

er

If SSN is unknown, enter 999999999

SSN: MM Name: LOC: Gender: DOB: Age: 0

Primary Lang: Pref Lang: Education: APR: Tribe: Origin: Employment: Handicap: Living Arrngmnt: Conservatorship: Veteran: Date Of Death: English Speaking: ☐

Cancel Continue

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Confidential patient information, see California Welfare and Institution Code section 5328.

Add a Client: Ethnicity

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address Go Links

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Identification

AKA Last: First: Middle: First: Middle: SSN: MM Name: LOC: Age: 0 Gender: DOB: Primary Lang: Pref Lang: Education: APR: Tribe: Employment: Handicap: Living Arrngmnt: Conservatorship: Veteran: Date Of Death: English Speaking: ☐

Change Provider Find Client Daily Log View Episodes Check Eligibility Enroll Client Eligibility History

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Click

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client's Contact Information
- Enter Client's Other Contact (s) Information
- Edit Client's Other Contact (s) information

Add a Client: Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add'l Details
+					
1					

Click to add other contacts

Click

Cancel Continue

Address is required if the client is not homeless

Add Client: Other Contact (s) Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Contact Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Last Name: TestContact First: FakeContact Middle:

Contact Type: Family

Address 1: 1212 Example Place

Address 2: Apt. 12

City: Los Angeles

State: CA

Zip:

Phone (Home): (213) 213-1212

Phone (Work):

Email:

DMH Id:

☐ Do not contact

Select if contact person should NOT be contacted

Enter ID if client's children enrolled in Full Service Partnership (FSP)

Click

Save Cancel

Add a Client: Edit Other Contact Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRef MCal Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: Address 2:

City: County: State: Zip:

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add
	TestContact, FakeCont	Family	(213) 213-12		

1

Click to edit

"I" shows the contact info

The trash can deletes information

Click

Cancel Continue

EXERCISE 5

Add a Client: Financial Screen

- Enter Client's Financial Information
- Enter Client's Benefit Type
- Enter Client's Benefit Information

Add a Client: Financial Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

UMDAP Date: 02/08/2008

Service Location:

Family Income (\$): 300.00

Source of Income: SSI

of Dependents: 1

Annual Liability (\$): 0.00

Client Reported Benefits

Type	Description	ID Number

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Cancel Continue

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE;7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled) ?

Options

Return

Type:

Description:

HMO/PHP:

ID Number:

Champus
Client/Family
HMO/PHP
Insurance/Third Party
Medicare
Other County
SD/Medi-cal

Select benefit type

Cancel Save

Add a Client: Benefit Information

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled)

Options

Return

Type: SD/Medi-cal

Description:

HMO/PHP:

CIN: 00000000A

Card Issue Date: 1/1/2006

For Medi-Cal Beneficiaries, the CIN (eight digit number followed by an alphabet), and card issue date are required

Click

Cancel Save

EXERCISE 6

Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciaabagues X

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Other** Groups XRef MCal Benefits

SFPR

☒ Provider

☐ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

Click to set the client's SFPR

Click to select a rendering provider name

ADAMS, CASSANDRA-[SFV9368]
AJILORE, OLUSOLA-[SFV4834]-[07/31/2007]
ALI, FARHANA-[SFV4755]
AMES, MICHAEL-[0008022]
ANDERSON, KAREN-[SFV8420]
ANGEL, DONNA-[SFV5042]
ANGLIN, RHONDA-[SFV4755]
APPLEBERY, PATRICIA-[SFV3042]
BABAYAN, OPEYEMI-[SFV4337]
BASSION, AN-[SFV4169]

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical

Client: Tester, ExampleDenny

Client Information

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCaI Bene**

SFPR 1904-ANTELOPE V

☐ Provider

☒ Special Program

Birth Information

Last Name:

County:

Mother's First Name:

Like Clients

Client ID	Client
1	

Special Program

- AB34
- ACT
- FCCS
- Foster Care
- FSP-Adult
- FSP-Child
- FSP-Older Adult
- FSP-TAY
- Wellness Center

Save Cancel

Add a Client: Other Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled) ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups** **X**

SFPR

☒ Provider ADAMS, CASSANDRA-[SFV9368]

☐ Special Program

Birth Information

Last Name: First: Middle:

County: LOS ANGELES State: CA Country: United States

Mother's First Name:

Like Clients

Client ID	Client Name
1	

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

1. If Country is United States, you must select a state

2. If State is CA, you must select a county

Save Cancel

Enroll a Client

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciabagues

Client Information

Client: Testing

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** **Financial** **Other** **Groups**

SFPR

☒ Provider

Birth Info

Last Name

County

Mother's First Name

Like Client:

Client ID

1

SSN

Save Cancel

Microsoft Internet Explorer

Client was successfully enrolled. DMHID

OK

Once client is enrolled, his /her DMH ID Number appears here

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home **Clinical** Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility**
- Enroll Client
- Eligibility History

Check Eligibility

Identification **Contacts** **Financial** **Other** **Groups** **XRef** **MCal Benefits**

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

01-Single Education: 12-Twelfth Grade

01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☒

Cancel Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues X

Check Eligibility

Client: TestClient , Example (?)

Options
Return
Client Info
Eligibility History

DMH ID: 2265002 Gender: Male

First Name: Example Date of Birth: 07/12/1970

Middle Name: Service Date: 02/02/2008

Last Name: TestClient Card Issue Date: 01/01/2006

Payer: Medi-Cal

Client CIN: 000000000A

Provider PIN:

1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click Submit

Check Eligibility

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB


7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Eligibility - Overview

Client: TestClient , Example

Options

Return

Payer	Client Payer ID	Service Date	Submit Date	Status	Provider ID
MEDI-CAL	000000000A	2/8/2008	2008-02-26 13:14:28		7100

1

The green check mark means the client is Medi-Cal eligible, otherwise you will see a red X

Click to see more details

Eligibility

Remember: Eligibility Checks
are all about Medi-Cal

HEALTH **Home** **Clinical** Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client: ?

Options

Return

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

You can drill down into the Medi-Cal benefit information

Eligibility History

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary Client: ?

Options

Return

Client Payer ID: Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										
1 2 3										

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Admission Screen

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example () ?

Options	Identification	Contacts	Financial	Other	Groups	XRef	MCal Benefits
Return	Name Last: TestClient			First: Example		Middle:	
Change Provider	AKA Last:			First:		Middle:	
Find Client	IM Name:			LOC:			
Daily Log	DOB: 07/12/1970			Age: 37			
View Episodes	Primary Lang: 01-English			Pref Lang: 01-English			
Check Eligibility	Marital Status: 01-Single			Education: 12-Twelfth Grade			
Enroll Client	Ethnicity: 01-White			Tribe:			
Eligibility History	Origin:			Employment: FC-Full time competitive employment (salaried)			
	Handicap: 00-Not physically disabled/no significant disability						
	Living Arrngmnt: 01-Lives alone in house or apartment						
	Conservatorship:			Veteran: No			
	Date Of Death:			English Speaking: <input checked="" type="checkbox"/>			
				Cancel			Continue

Click to view a client's episode

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
1								

Click to open an episode

Note: There are no episodes for this client.
(This client is new)

Open an Episode: Admission Screen

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Open Outpatient Episode

Client: TestClient , Example (?)

Options

Return

Admission **Diagnosis**


Admit Date: 02/08/2008

Physical Disability? No

Intent Of Service: Assessment Services

Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Continue

Referral In Code:

To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit:

When the agency that referred the client has a reporting unit number. This field is optional.

Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact:

Click to select the client's primary clinician

Open an Episode: Admission Screen

Search Rpt Unit

Provider Lookup - Microsoft Internet Explorer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: LP CONTRACT

Organization/Last Name: ENK|

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Click to select

Enter provider name or Rpt Unit number

Click

Done Internet

Open an Episode: Admission Screen

Search Rpt Unit (Cont.)

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Outpatient Epi <https://testdmhisintra.co.la.ca.us> - Provider Loo...

Options Serv

Click to select

Client Info

Check Eligibility

Medications

PDF Forms

Close Episode

View Episodes

Provider Lookup

ID	Provider	Org Type	PTP	BP	SL	RP
2305	7360S-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4297	7173V-ENKI/LAPUENTE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4701	7253A-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4704	7253D-ENKI/COMMERCE	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4707	7254A-ENKI/BELL GARD	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4713	7255A-ENKI/PICO UNIO	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4739	7258A-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4742	7258D-ENKI Y&F/COVIN	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4745	7258M-ENKI Y&F/	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5077	7360A-ENKI/MARGARITA	LP CONTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1 2

Return

Internet

Open an Episode: Admission Screen.

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7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode

Client: TestClient , Example (?

Options **Admission** **Diagnosis**

Return

The provider's information is automatically added from the Search Rpt Unit screen

Admit Date: 02/08/2008 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Click Continue

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

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Open Outpatient Episode

Client: TestClient , Example

Admission **Diagnosis**

Dx Date: 02/08/2008

Click to view or add notes

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoid			<input type="checkbox"/> 1. Primary Support Group	GAF
			<input type="checkbox"/> 2. Social Environment	20
			<input type="checkbox"/> 3. Educational	
			<input type="checkbox"/> 4. Occupational	Primary:
			<input type="checkbox"/> 5. Housing	295.30
			<input type="checkbox"/> 6. Economic	Secondary:
			<input type="checkbox"/> 7. Access to Health Care	
			<input type="checkbox"/> 8. Interaction w/ Legal System	
			<input type="checkbox"/> 9. Other	
			<input type="checkbox"/> 10. Inadequate Information	

Click

Cancel Save

This drop down lists the primary diagnosis codes.

Click to find a diagnosis code that is not on the list.

EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services

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Client Episodes

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368		0	0	

1

Click

To add a service, find the client and the Episode.

Add Services

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7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client:TestClient,Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

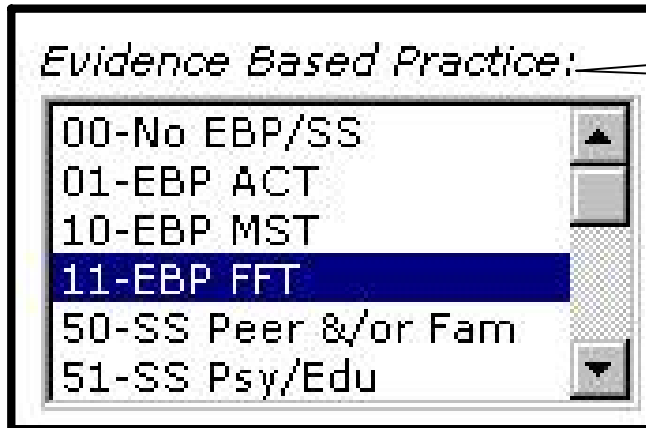
Click to begin entering a service

Add Services

■ What is Evidence Based Practice?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. Examples: assertive community treatment, supported employment , integrated dual disorders treatment, family psychoeducation.

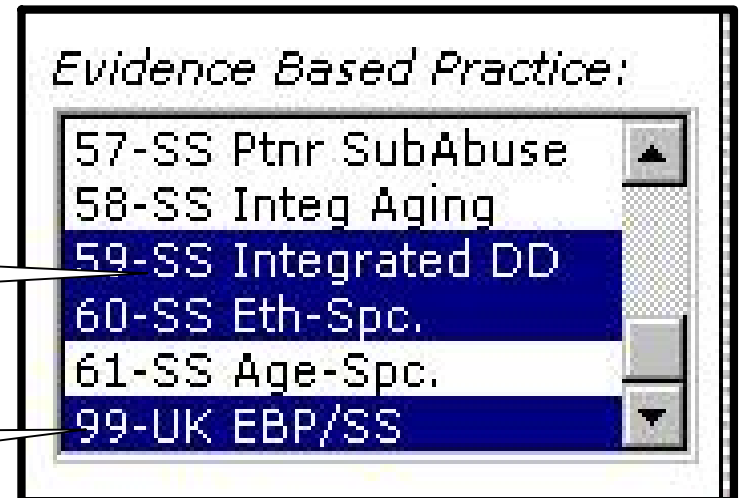
Add Services



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other



Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.

The screenshot shows the 'Add Outpatient Service' form. At the top, there are tabs: Home, Clinical (selected), Administrative, Plan, and CIOB. Below the tabs, the patient's name '1904-ANTELOPE V...' is visible. The 'Client:' field is empty. A callout 'Click to select' points to a dropdown menu for selecting a provider (RP). The dropdown list includes: ARROYO, WILLIAM-[012493], BELL, DE VIDA-[E462740]-[03/28/2008] (highlighted), BENNETT, VONNIE-[E232633], BOGOST, BRUCE-[LBB0112], BURGOYNE, KARL-[E419051], CHAMPION, WANDA-[0496982]-[03/28/2008], CHEUNG, MAN CHING-[0503957], CHUNG, CHRISTOPHER-[0290802], CLEMENTS, YVONNE-[E414029], and COON, BRENDA-[E494287]. A callout 'You may select up to 3 options.' points to the dropdown list. To the right of the dropdown is a 'DOS:' field. Below the dropdown is a table with columns 'Name', 'Hours', and 'Minutes'. The table has one row with the number '1' in the 'Name' column. Below the table is a section for 'Total Time for this Staff:' with input fields for 'Hrs' (0) and 'Minutes'. An 'Add >>' button is below this section. At the bottom, there is a 'Total Time in Minutes:' field with '0' and three buttons: 'Claim', 'Save', and 'Cancel'. A callout 'Click "Claim" if you are ready to claim. There is not need to save' points to the 'Claim' button. Another callout 'Click "Save" if you are not ready to claim' points to the 'Save' button.

Options

- Return
- Check Eligibility
- Claim

RP: [dropdown menu]

Prod: [dropdown menu]

Place: [dropdown menu]

Face: [dropdown menu]

Other: [dropdown menu]

Telep: [dropdown menu]

Additional: [dropdown menu]

DOS: [text field]

1904-ANTELOPE V...

Client:

Click to select

You may select up to 3 options.

Name	Hours	Minutes
1		

Total Time for this Staff:

0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 0

Claim Save Cancel

Click "Claim" if you are ready to claim. There is not need to save

Click "Save" if you are not ready to claim

Add Services

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Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV

Add Outpatient Service

Client: Test, Example(

Options

Return

Check Eligibility

Claim

RP:

Procedure Code:

Place Of service:

Face To Face Time: Hrs Minutes

Other Time: Hrs Minutes

Telephone ☐ Col: Medicare Certified ☐

Additional Participating Staff

Total Time for this Staff: Hrs Minutes

Add >>

Total Time in Minutes:

Check this box if the Service Location is Medicare certified

Evidence Based Practice:

- No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Name	Hours	Minutes
1		

Claim Save Cancel

The **Sum** of Face to Face and Other Time cannot be zero

If service was rendered by Telephone, it cannot have Face to Face time

Add Services

Los Angeles
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DEPARTMENT OF MENTAL HEALTH

Home
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jgarciabagues

Outpatient Episode
Client

Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes

Services
Void Services
Diagnosis
Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	10/20/2008	11 <i>i</i>	105	1	90801 <i>i</i>	ARROYO-0124939 <i>i</i>				
	07/23/2008	11 <i>i</i>	25	1	M0064 <i>i</i>	WONG-0504140 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	04/15/2008			1	M0064 <i>i</i>	WONG-0504140 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

If you saved the service without claiming, click to go back and claim

Search Service Date
From Date

To Date

Search

EXERCISE 10

Add a Claim:

- SOC Obligation, SED Healthy Families
- Service Facility Address, EPSDT Scr Ref
- Emergency, Pregnancy
- Dup Override
- Add a Plan
- Add Medicare/Other Insurance
- New Edit Messages
- Claim Status Icons under “S” Column in Episode Screen
- Sample of Claim Status Screen with new fields

Add a Claim: SOC Obligation, SED Healthy Families

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example ()

Options

Return

Check Eligibility

Service

Client Benefits: [Dropdown]

Staff Code: LBB0112

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Claim Amount: 316.00

Late Code: [Dropdown]

SOC Obligation: [Dropdown]

Medi-Cal ☐ EVC: [Dropdown]

SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
+	
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
+		
1		

Submit Save Cancel

Data entry field for Client's **Share of Cost Obligation**

Check box that when is selected indicates claim is for **SED Healthy Families Service**

Add a Claim: Service Facility Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example () ?

Options

Return

Check Eligibility

Service

Client Benefits: [Dropdown] Staff Code: LBB0112

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Claim Amount: 316.00 Late Code: [Dropdown]

SOC Obligation: [Dropdown] Medi-Cal ☐ EVC: [Dropdown] SED Healthy Families ☐

Service Facility Address ☒ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Payer	Paid Amount	Subscriber
+		
1		

Medicare / Other Insurance:

Submit Save Cancel

Facility Address

Client: Test, Example () ?

Options

Client Benefits: [Dropdown] Staff Code: LBB0112

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Address 1: [Text] Address 2: [Text]

City: [Text] State: [Dropdown] Zip: [Text]

Save Delete Cancel

• For LP Directly Operated claims **ONLY**, click to go to **Service Facility Address** screen to enter or view any corresponding address information.

• For LP Contract Providers if **Service Facility Address** icon is selected, it will return an edit message which reads: 'The Provider type is not allowed to enter Service facility Address.'

This is for LP Directly Operated providers **ONLY**, If Medicare is selected as a payer and the Place of Service is not home or office, ensure Facility Address has been entered. Otherwise, an edit message will return that reads: '**Service was not rendered at office or home. Cannot submit claims to Medicare without a Service Facility Address**'

Add Claim: EPSDT SCR Ref, Emergency

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example ()

Options

- Return
- Check Eligibility
- Service

Client Benefits: [Dropdown]

Service Date: 01/02/2010

Procedure: 90802

Mod1: [Dropdown]

Mod2: [Dropdown]

Unit Type: MJ

Units: 100

Rate: 3.16

Claim Amount: 316.00

Late Code: [Dropdown]

SOC Obligation: [Dropdown]

Medi-Cal ☐ EVC: [Dropdown]

SED Healthy Families ☐

Service Facility Address: [Dropdown]

EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Medicare / Other Insurance: [Dropdown]

Claim Plans:

Plan	Payor	Subscriber	Paid Amount	SubscriberID
1				

Check box that when is selected indicates claim is for **EPSDT** screening referral

Check box that when is selected indicates claim is for **Emergency** service

Submit Save Cancel

Add a Claim: Pregnancy, Dup Override

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1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example () ?

Options

- Return
- Check Eligibility
- Service

Client Benefits: [Dropdown] Staff Code: LBB0112

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Claim Amount: 316.00 Late Code: [Dropdown]

SOC Obligation: [Dropdown] Medi-Cal ☐ EVC: [Dropdown] SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans: [Table]

Medicare / Other Insurance: [Table]

Check box that when is selected indicates the client is **Pregnant**.

If selected and client is not female, you will receive an edit message which reads: **'Client is not female. Cannot select Pregnancy'**

(Only for Outpatient Claims)
Check box that when is selected indicates claim is a valid duplicate.

If **Duplicate Override** is not selected, the system ensures a non-voided claim that has not been denied by business rules does not already exist. If claim already exist, the following edit message is displayed: **'Duplicate service has already been submitted'**

Add a Claim: Add a Plan

Claim Plans:

Plan	Pay Order
1	

Click to begin adding a Plan for your claim

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Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim - Plans

Client: TestClient , Example ()

Options

Client Benefits: SD/Medi-cal:00000000A Staff Code:

Return ServiceDate Procedure Mod1 Mod2 UnitType Units

02/08/2008 90801 MJ 120

Plans:

Pay Order:

3. Click

1. Scroll to pick a plan

2. Pay Order must be 1

3. Click

Claim Plans:

Plan	Pay Order
CGF	1
1	

If you click to add a second plan per claim, the IS will generate this error message

This means that your plan was already added



Add a Claim: Medicare/Other Insurance (Payer)

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Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example () ?

Options: Return, Check Eligibility, Service

Client Benefits: [Dropdown] Staff Code: LBB0112




Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Claim Amount: 316.00 Late Code: [Dropdown]


SOC Obligation: [Dropdown] Medi-Cal ☐ EVC: [Dropdown] SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
	
	
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
		

Click the blue plus sign to enter Medicare/Other Insurance information

Submit Save Cancel

Add a Claim: Add Medicare/Other Payer (Insurance)

Amount Paid Field Payment Date Field

- If provider is LP Contract and Medicare is listed as a payer, Medicare paid amount is required. An edit message will return if omitted **'Medicare paid amount is required if Medicare is listed as a payer'**
- If provider is LP Contract and Medicare is listed as a payer, Medicare payment date is required. An edit message will return if omitted **'Payment Date from Medicare is required'**. If Payment date prior to Date of Service is entered, an edit message will return that reads: **'Payment date must be after the date of service'**
- If Provider is LP Directly Operated and Medicare is listed as a payer, Medicare Amount Paid and Payment Date fields are disabled for entry. Cannot be entered.
- Both DO and CP if Other Insurance is selected as a payer, amount paid and payment date are required. Edit message will return if omitted **'Payment Date from Other Insurance is required.'**

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Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:

Outpatient Claim - Other Payer

Client: Test, Example (

Client Benefits

ServiceDate	Procedure	Mod1	Mod2	UnitT
01/02/2010	90802			MJ

Payer:

SubscriberID:

Amount Paid:

Payment Date:

Auth Code:

Save Cancel

Drop down menu displays the list of Other Insurance, system allows up to 5 Other Insurances per claim. Medicare is displayed only if a Medicare ID is recorded in Client Reported Benefits of Financial tab, Client screen.

Displays the client's Subscriber ID for the payer.

- If the Payer is Medicare, the client's Medicare ID displayed in the Client Benefit drop down is populated here.

- If the Payer is Other Insurance, Subscriber ID needs to be entered.

Add a Claim: New Edit Messages

New Medi-Cal and Medicare Edit Messages in the Claim Screen regarding Short Doyle Medi-Cal Phase II Implementation:

- 'Cannot submit claims to Medi-Cal when claim balance is less than or equal to zero. Claim balance is calculated as follows: Lesser of Claim or Contract amount minus sum of Other Insurance, Medicare, and SOC Obligation'
- 'Client has a Medi-Cal ID but Medi-Cal is not selected as a payer.'
- 'Cannot submit claims to Medi-Cal when Procedure Code is not billable to Medi-cal.'
- 'Cannot submit claims to Medi-cal when Plan is not billable to Medi-cal.'
- 'Claim is billable to Medicare but Medicare is not selected as a payer.' For DO providers only
- Warning: 'Claim is billable to Medicare, but Medicare is not selected as a payer. If you wish to continue without fixing select OK. Otherwise select Cancel. For Contract Providers
- 'Cannot submit claims to Medicare when Procedure Code is not billable to Medicare.' For DO Providers only
- 'Cannot submit claims to Medicare when Plan is not billable to Medicare.' For DO Providers only

Note: Edit messages generated by the system are intended to alert and stop you from potentially submitting an erroneous claim.

Add a Claim

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1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: Test, Example () ?

Options

- [Return](#)
- [Check Eligibility](#)
- [Service](#)

Client Benefits: Staff Code: LBB0112

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
01/02/2010	90802			MJ	100	3.16

Claim Amount: Late Code:

SOC Obligation: Medi-Cal ☐ EVC: SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
Other	0.00	495784657

Otherwise
click to save

Click if you're ready
to submit

NOTE: Medicare and Ins Paid Amount cannot be more than the claim amount. if it is you will get an edit message which reads: '**Medicare and Ins Paid Amount cannot exceed lesser of claim or contract amount.**'

Add a Claim

Los Angeles
COUNTY

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Home

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jgarciabagues

Outpatient Episode

Client:TestClient,Example()

?

Options

Return

Find Client

Client Info

Check Eligibility

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Void Services

Diagnosis

Admission

	Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				

1

Click to see claim status

You will see this screen after you've submitted or saved the claim.

Claim Status Icons Under “S” Column in Episode Screen

Claim Status Icon under ‘S’ column in the Episode Screen

- (Red) Denied Claim
- (Green) Approved
- Pending
- Claim Saved, not yet Submitted
- Service Saved, not yet Claimed
- Forwarded
- Pending Adjudication
- Submitted
- Pending CPE

Click to view status

Click to view status

Click to view status

Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.

Staff	Procedure	Admission	Provider	MS	C	D
90806			70494			
90804	BEN		2633			
90801	BEN		2633	CPE		
90801	BENNETT		232633			
90801			232633			

Sample of Claim Status Screen

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Claim Status

Claim ID:	<input type="text"/>	Status:	<input type="text" value="APPROVED"/>
Submit Date:	<input type="text" value="12/09/2009"/>	Adjudication Date:	<input type="text" value="12/09/2009"/>
Submit Source:	<input type="text" value="Clinical UI"/>	Claim Type:	<input type="text" value="ORIGINAL"/>
Service Begin Date:	<input type="text" value="12/02/2009"/>	Service End Date:	<input type="text" value="12/02/2009"/>
Claim Amount:	<input type="text" value="205.40"/>	Private Ins Paid:	<input type="text"/>
Contracted Amt:	<input type="text" value="205.40"/>	Medicare Paid:	<input type="text"/>
CPE Contract Amt:	<input type="text"/>	Medi-Cal Paid:	<input type="text"/>
		DMH Local Amt:	<input type="text" value="205.40"/>
		SOC Obligation:	<input type="text" value="0.00"/>
		CPE Threshold Action:	<input type="text"/>
		CPE Release Type:	<input type="text"/>
Deny Source:	<input type="text"/>	Deny Rule:	<input type="text"/>
Deny Group:	<input type="text"/>	Deny Rule Description:	<input type="text"/>
Deny Reason:	<input type="text"/>		

'Client Amt Paid' field has been relabeled to **'SOC Obligation'** to capture the Share of Cost Obligation of the client. if an amount is entered in the Claim screen, you will also see the amount here.

EXERCISE 11

Void and Resubmit:

- Void a Claim Submitted in Short-Doyle I
- Void Function Disabled for Claims Submitted in Short-Doyle II
- Resubmit a Claim

Void Claims - Short-Doyle I

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Outpatient Episode

Options

Return

Find Client

Client Info

Medications

Close Episode

View Episodes

Search Service Date

From Date

To Date

Search

Services

Service

02/08/2008

+

Outpatient Service

Client: TestClient, Example

Options

Return

Claim

RP: ADAMS, CASSANDRA-[SFV9368] DOS: 02/08/2008

Procedure

Place Of Service

Face To Face Time: 1 Hrs 30 Minutes

Other Time: 0 Hrs 30 Minutes

Telephone Col: Medicare Certified

Evidence Based Practice:

00-No EBP/SS

01-EBP ACT

10-EBP MST

11-EBP FFT

50-SS Peer &/or Fam

51-SS Psy/Edu

Last Claim Info.

Claim ID: 30514880

Submit Date: 02/26/2008

Additional Participating Staff

Name	Hours	Minutes
1		

Total Time for this Staff:

0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 120

Claim Save Cancel

Void Claims - Short-Doyle I

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim

Client: TestClient,Example() ?

Options

Return

Service

Client Benefits: SD/Medi-cal: Staff Code: SFV4755

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/08/2008	90801			MJ	120	2.25

Claim Amount: 234.90 Late Code:

SOC Obligation: 0.00 Medi-Cal ☐ EVC: SED Healthy Families ☐

Last Claim Info.

Claim ID: Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Submit Date: 09/17/2009

Benefits

EPSTD:9/2009
HMO/PHP:Z
SD/Medi-cal
1

Claim Plans:

Plan	Pay Order
CGF	1
1	

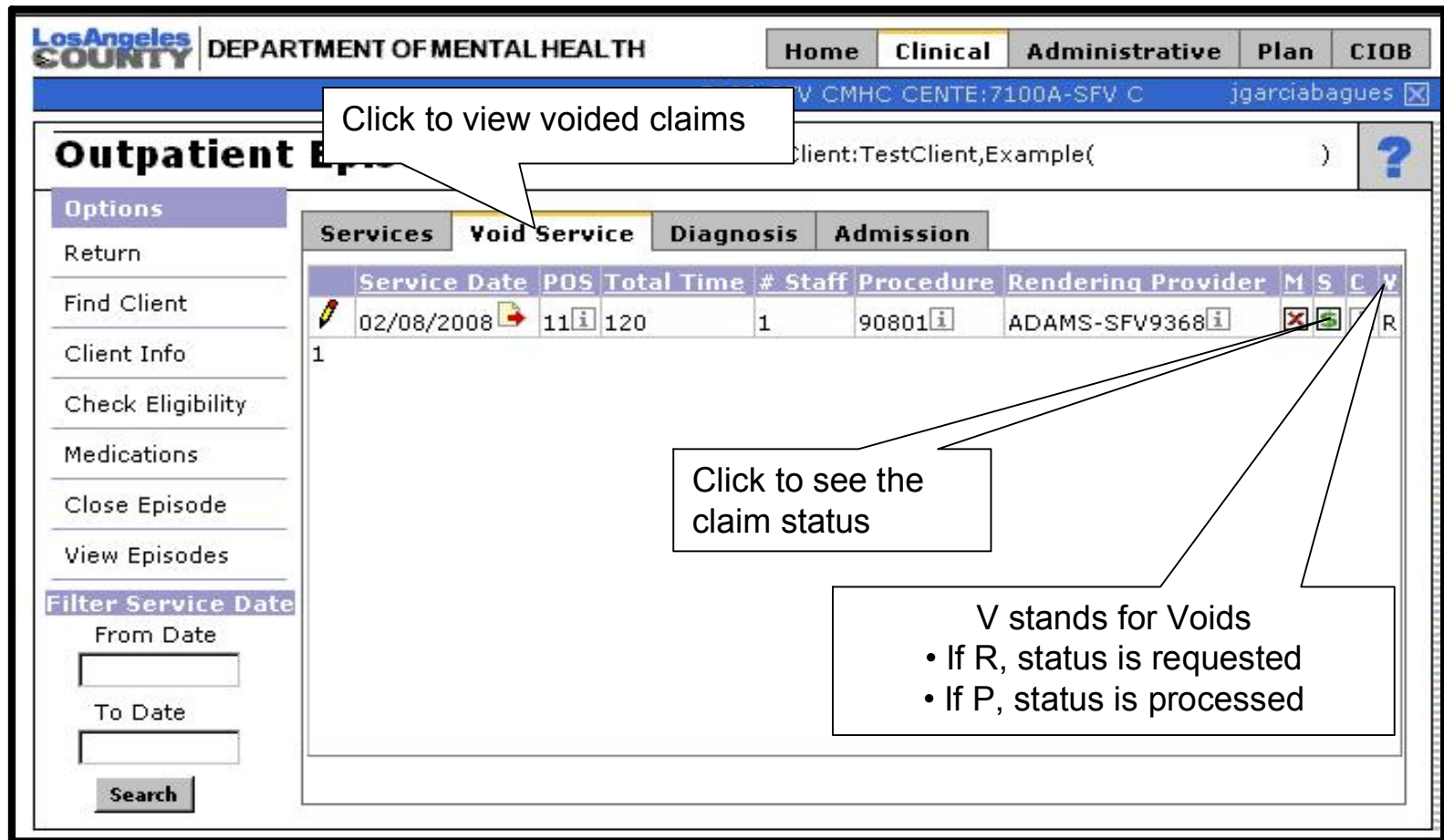
Medicare / Other Insurance:

Payer	Paid Amount	Subscriber ID
1		

Click to void

Resubmit Void Submit Save Cancel

Void Claims - Short-Doyle I



Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

CMHC CENTE:7100A-SFV C jgarciabagues

Client: TestClient, Example()

Outpatient

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date

From Date

To Date

Search

Services Void Service Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V
02/08/2008	11	120	1	90801	ADAMS-SFV9368	X			R

Click to view voided claims

Click to see the claim status

V stands for Voids

- If R, status is requested
- If P, status is processed

Void Claims - Short-Doyle I

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID: 40619925 Status: APPROVED

Submit Date: 02/26/2008 Adjudication Date: 02/26/2008 Void Status: REQUESTED

Submit Source: Clinical UI Claim Type: ORIGINAL

Service Begin Date: 02/08/2008 Service End Date: 02/08/2008 SOC Obligation: 0.00

Claim Amount: 234.90 Private Ins Paid:

Contracted Amt: 234.90 Medicare Paid: 0.00 CPE Threshold Action:

CPE Contract Amt: Medi-Cal Paid: 0.00 CPE Release Type:

DMH Local Amt: 234.90

Deny Source: Deny Rule:

Deny Group: Deny Rule Description:

Deny Reason:

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

The claim has been approved

The claim was requested to be voided

Void Claims - Short-Doyle I

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient, Example() ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility

Services	Void Service	Diagnosis	Admission																				
<table border="1"> <thead> <tr> <th>Service Date</th> <th>PDS</th> <th>Total Time</th> <th># Staff</th> <th>Procedure</th> <th>Rendering Provider</th> <th>M</th> <th>S</th> <th>C</th> <th>V</th> </tr> </thead> <tbody> <tr> <td>02/08/2008</td> <td>11<i>i</i></td> <td>120</td> <td>1</td> <td>90801<i>i</i></td> <td>ADAMS-SFV9368<i>i</i></td> <td>X</td> <td>G</td> <td>I</td> <td>R</td> </tr> </tbody> </table>	Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>	X	G	I	R			
Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	V														
02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>	X	G	I	R														

This means the claim was resubmitted. Click to see claim cycle or submission history

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Claim Cycle

Client: TestClient , Example () ?

Options

- Return

Current Services:

Staff code: Service date: Procedure: Mod 1: Mod 2: Unit Type: Units : Rate:

SFV9368 02/08/2008 90801 MJ 120 2.25

#	Service Date	PDS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
1	2/8/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>	X	G	I
2	2/8/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>		VP	I

Here is the Information.

Void Claims - Short-Doyle II

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

6857-ROYBAL FAMILY M:6857B-ROYBAL GRIFFIT

Outpatient Claim

Client: TestExample, Client () ?

Options

Return

Service

Client Benefits: SD/Medi-cal: Staff Code: 0448749

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
03/22/2010	90802			MJ	105	3.16

Claim Amount: 331.80 Late Code:

SOC Obligation: 0.00 Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Last Claim Info.

Claim ID: Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Submit Date: 03/22/2010

Claim Plans: Medicare / Other Insurance:

Plan	Paid Amount	Subscriber ID
CGF		
1		

Benefits

HMO/PHP:A

SD/Medi-cal

1

The void button is disable for claims submitted in SDII.

Resubmit Void Submit Save Cancel

Resubmits

This means the claim is denied and can be resubmitted.

Los Angeles COUNTY
DEPARTMENT OF MENTAL HEALTH

Home
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7286-FIVE ACRES:7286A-FIVE A

jbagues

Outpatient Episode

Client: TestClient , Example () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Services

Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	S	C	D
01/07/2008	12 <i>i</i>	345	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
01/04/2008	12 <i>i</i>	370	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
01/02/2008	12 <i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
12/28/2007	12 <i>i</i>	475	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
12/27/2007	12 <i>i</i>	330	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			
12/26/2007	12 <i>i</i>	360	1	H2019 <i>i</i>	CASILLA-FA08664 <i>i</i>			

Search Service Date

From Date

To Date

Click to open the service and go to the claim

Resubmits

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7286-FIVE ACRES:7286A-FIVE A jbagues

Outpatient Service

Client: TestClient , Example

Options: [Return](#) [Check Eligibility](#) [Claim](#)

Click to go to the Claim screen

Procedure Code: H2019-Therapeutic Behavior Serv

Place Of service: Home

Face To Face Time: 5 Hrs 45 Minutes

Other Time: 2 Hrs 10 Minutes

Telephone ☐ Col: 2 Medicare Certified ☐

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 50-SS Peer &/or Fam
- 51-SS Psy/Edu

Last Claim Info.

Claim ID: []

Submit Date: 01/09/2008

Additional Participating Staff

Total Time for this Staff:

0 Hrs 0 Minutes

Add >>

Total Time in Minutes: 475

Name	Hours	Minutes
1		

Claim Save Cancel

Resubmits

Los Angeles
COUNTY

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7286-FIVE ACRES:7286A-FIVE ACRE

Outpatient Claim

Client: TestClient , Example

?

Options

Return
Check Eligibility
Service

Last Claim Info.

Claim ID:
Submit Date: 01/09/2008

Benefits

EPSDT:1/2007
EPSDT:10/2007
EPSDT:11/2007

1 2 3 4 5

Client Benefits

ServiceDate
Procedure
Mod1
Mod2
UnitType
Units
Rate

12/28/2007
H2019
HE
*
MJ
475
2.18

Claim Amount: 1035.50

SOC Obligation: 0.00
Medi-Cal ☒
EVC: 9
SED Healthy Families ☐

Service Facility ☐
EPSDT Scr Ref ☐
Emergency ☐
Pregnancy ☐
Dup Override ☐

Claim Plans:

Plan	Pay Order
CGF	1
+	
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID

Click after making corrections

Resubmit
Void
Submit
Save
Cancel

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

Address: https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY:1904A-ANTE jflynn

Outpatient Episode

Client TestClient , Example

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes
- Filter Service Date
 - From Date
 - To Date
 - Search

Services Void Services Diagnosis Admission

Service Date	POS	Total Time	# Staff	Procedure	Rendering P				
09/12/2006	11	70	1	90804	ALVEY-E447588				
09/11/2006	11	75	1	90804	ALVEY-E447588				
09/10/2006	11	85	1	90804	ALVEY-E447588				
07/01/2006	53	151	1	90802	AMBROSIO-E261358				
07/01/2006	33	30	1	90801	ALVEY-E447588				
01/01/2006	53	151	1	90802	AMBROSIO-E261358				

1 2

This means that the claim was resubmitted

Confidential patient information, see California Welfare and Institution Code section 5328.

Resubmits

[illegible]

On the first line is the original denied claim. On the second line is the resubmitted claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

The Medications Screen

Find your client and click on his/her current Episode...

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEI jgarciaabagues

Outpatient Episode

Client: TEST,PATS

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications**
- Close Episode
- View Episodes
- Search Service Date
- From Date
- To Date
- Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
+										
1										

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options
Return

Current History Write Rx Med Order Drug Allergies **Rx Card Info**

L#	Rx #	Rx Date	Fill Date	PHRM/MS	Medication	Strength	Qty	Status
1								

This is the main Meds screen...notice that there are tabs across the top.. lets take a look at each of them starting with the RX Card Info.

Click

Prescribing Medications: Rx Card

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Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Rx Card Info

Client:TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
<table border="1"><thead><tr><th>Card Number</th><th>Active Date</th><th>Inactive Date</th></tr></thead><tbody><tr><td>1223848</td><td>02032009</td><td></td></tr></tbody></table>		Card Number	Active Date	Inactive Date	1223848	02032009				
Card Number	Active Date	Inactive Date								
1223848	02032009									

Returning Clients should have An RX card number, but if not you enter it and click "Add"
Next: Drug Allergies....

Click

Card Number: 1223848

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Medication	Drug Name Type
1	

If the client is allergic to meds, list them here, type the medication and select the drug name type.

Medication: Tylenol

Drug Name Type: Generic Name
Generic Name
Trade Name

Click

Add

Prescribing Medications: Allergies

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies

Client:TEST,PATS

Options
Return

Current History Write Rx Med Order **Drug Allergies** Rx Card Info

Medication	Drug Name Type	
TYLENOL 1	T	

You will see the medication you just added with the drug name type.
Next, Med Orders...

Click

Medication: Tylenol

Drug Name Type: Trade Name

PAT5028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order

Client: TEST, PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01]

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue ☐

Lost/Discontinue Renew Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Click Save Next

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

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Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications History

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A
1									

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

Los Angeles
COUNTY

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Plan

CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

?

Options

Return

Current

History

Write Rx

Med Order

Drug Allergies

Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	A	
03	M0001	020109				BENZTROPI	1 MG/ML	1.00	A	
1										

This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options
Return

Current **History** **Write Rx** **Med Order** **Drug Allergies** **Rx Card Info**

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1

Number of Units: 1

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Primary Dx: 295.30

Secondary Dx: 301.50

Other Instructions:

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Click, to resolve AR status

Click

Save Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options
Return

Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info					
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309				BUPROPION	150 MG	30.00	A	
02	P0002	020309				LORAZEPAM	1 MG	30.00	AR	
03	M0001	020109				BENZTROPI	1 MG/ML		A	

1

“AR” means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to “Approved”

Click

Prescribing Medications: Approval

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE X

Medications Review

Client: TEST , PATS

Options

Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

Client Name: PATS TEST Strength: 1 MG Prescribing Medical Staff: BOGOST
Medication: LORAZEPAM Quantity: 30.00

Description

01 UNUSUAL MED FOR DIAGNO
1

Physician Conference

Date: 1. Enter the approved date
Physician:
Status: 3. Select the status
Approved
Disapproved
Unresolved

Supervisor Conference

Date:
Physician:
Status:

Click

Prescribing Medications: Renew and Refill

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

	Current	History	Write Rx	Med Order	Drug Allergies	Rx Card Info			
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020109	020309			BUPROPION	150 MG	30.00	A
02	P0002	020309				LORAZEPAM	1 MG	30.00	A

1

Click here to do a Renew/Refil

Fill date is required

Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client: TEST,PATS

Options
Return

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

Lost/Discontinue

Click

Delete Renew Next

Enter a new prescription

This information can also be changed.

Dx: 295.30
Dx: 301.50

Prescribing Medications- Lost & Discontinue

Medications History

Options

Return

L#	Rx #	Rx Date
01	P0078	042507
02	P0076	021507
03	P0077	021507
04	P0074	020207
05	P0075	020207
06	P0072	122106
07	P0073	122106
08	P0070	102606
09	P0071	102606
10	P0068	092806
11	P0069	092806
12	P0066	081006
13	P0067	081006
14	P0064	070606
15	P0065	070606

Confidential patient information

123456

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options

Current History Write Rx Med Order Drug Allergies Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Primary Dx: 295.30

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

ry Dx: 301.50

Lost Discontinue Neither

Other In: Lost/Discontinue

Renew Next

Click

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>	D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368	2/8/2008	1	0	

1

Click

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode

Client: TestClient, Example() ?

Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search

Services Void Services Diagnosis Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	ADAMS-SFV9368 <i>i</i>				

1

Click

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Close Outpatient Episode

Client: TestClient , Example

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Client moved away

Referral Out Rpt Unit:

Legal Status:

Click to search for referral out Rpt. Unit

See examples on the next page

Continue

Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTEL jgarciabagues

Close Outpatient Episode

Client: () ?

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge **Diagnosis**

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

https://testdmhisintra.co.la.ca.us - Provider Loo...

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Provider Lookup

Legal Entity: ☐ (Check box if applies)

Entity Type: ☐ Individual ☒ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Confidential patient information

Done Internet

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options | **Discharge** | **Diagnosis**

Return

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoid	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	
	<input type="checkbox"/> 7. Access to Health Care	Primary: 295.30
	<input type="checkbox"/> 8. Interaction w/ Legal System	Secondary:
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Cancel Save

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode

Enter an ID or partial description:

Select an item:

- 315.1 - Mathematics Disorder
- 315.2 - Disorder of Written Expression
- 315.32 - Mixed Receptive-Expressive Language Disorder
- 315.9 - Learning Disorder NOS
- 315.4 - Developmental Coordination Disorder
- 315.31 - Expressive Language Disorder
- 315.39 - Phonological Disorder
- 315.00 - Reading Disorder

Enter some or all of the digits of a diagnosis code, or part of the description and click "Search"

Highlight and click "Select"

Close an Episode

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Outpatient Episode

Client: TestClient , Example

Options Discharge **Diagnosis**

Return

Dx Date: 02/08/2008

AXIS I	AXIS IV	AXIS V
295.30 - Schizophrenia, Paranoic	<input checked="" type="checkbox"/> 1. Primary Support Group	GAF
	<input type="checkbox"/> 2. Social Environment	20
	<input type="checkbox"/> 3. Educational	
	<input type="checkbox"/> 4. Occupational	Primary:
	<input type="checkbox"/> 5. Housing	295.30
	<input type="checkbox"/> 6. Economic	Secondary:
	<input type="checkbox"/> 7. Access to Health Care	
	<input type="checkbox"/> 8. Interaction w/ Legal System	
	<input type="checkbox"/> 9. Other Psych/Environment	
	<input type="checkbox"/> 10. Inadequate Information	

Click

Cancel Save

Close an Episode

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example () ?

Options

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open **Closed**

Episode	I/O	Admit Date	Discharge Date	Diagnosis Code	Primary Contact	Last Claim	<input type="checkbox"/>	<input type="checkbox"/>
7100A001	O	2/8/2008	2/8/2008	295.30	ADAMS-SFV	2/8/2008	1	0

1

Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:

- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group

Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/FindClient.aspx

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Find Client

Options

- Return
- Change Provider
- Client CaseLoad
- Client List
- Daily Log
- Manage Groups

☐ Search by ID.

Type: ID:

☒ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age:

Gender:

Click to start creating and managing groups

Search Clear

Create a Group

Address  b/GroupView

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

View Groups

Options

- Return
- Change Provider
- View Groups**
- Search Groups
- Create Group
- Daily Log

Filter Groups

Filter By:

Name

For:

Search

Group ID **Name** **Location** **Lang**

1071	Fun Name	1904-ANTELOPE V	10:00 min	2/2	01-English
1029	Test Group JJF	1904-ANTELOPE V	9 AM 20 min	1/50	01-English
1093	Older Who	1904-ANTELOPE V	2:00P 30 min	2/10	01-English
1084	IS Users Who Are Learning Groups	1904-ANTELOPE V	9:00 60 min	1/15	01-English
1056	Shakey	1904-ANTELOPE V	5:00P 45 min	2/15	01-English
1060	Stress Management	1904-ANTELOPE V	1:00 90 min P.M>	3/3	01-English

1 [2](#) [3](#) [4](#) [5](#) [6](#)

Total Groups Returned: 6

Click to create a group

All groups for this location are listed here. You can search or filter to find a group and enter services.

Create a Group: Details

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clin

7100-SFV CMHC CENTE:7100

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Sys

Group ID: Group Type: Medication

Group Name: Medication

Description: How to take medication

Targeted Clients: People who take medication

Location: SFV CMHC CENTER/FAMILY LIVING

Group Day: Daily Group Time: 10:00AM

Begin Date: 02/08/2008 End Date: 01/01/2020

Procedure: 90853-Group Therapy

Language: 01-English

Approximate Duration: 30 min

Max Attendees: 25

Click

Cancel Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

The date the group began to meet

The date the group schedule will expire

Maximum group attendees should be at least 2 and no more than 25

Create a Group: Leads

The image shows two overlapping screenshots of a web application for the Los Angeles County Department of Mental Health. The top screenshot is titled 'Group Leads' and the bottom screenshot is titled 'Add Staff to Group'. Both screenshots show a navigation bar with 'Home', 'Clinical', 'Administrative', 'Plan', and 'CIOB' tabs. The 'Clinical' tab is selected in both. The address bar shows the URL: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx> for the top and <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx> for the bottom. The top screenshot has a sidebar with 'Options' including 'Return', 'Change Provider', 'View Groups', 'Add Group Session', 'Search Group', 'Create Group', and 'Daily Log'. The bottom screenshot has a 'Last Name' and 'First Name' input field. A 'Click' callout points to the 'Search' button at the bottom right.

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupLeads.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Group
- Create Group
- Daily Log

Click to search for a lead to add

Address: <https://traindmhisintra.co.la.ca.us/ClinicalWeb/GroupAddStaffToGroup.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE student1

Add Staff to Group

Options

Return

Last Name:

First Name:

Click

Clear Search

Enter a last name or part of a name

Create a Group: Leads

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC X

Add Staff to Group

Options

Return

	Name	Location	Expired
Add	ADAMS-SFV9368	7100A-SFV CMHC	
1			

Click

Total staff in Leads and total clients in Census should be below 25 people; more than recommended will slow down the system.

Click

Finish New Search

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB



7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Leads

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Staff Name	
ADAMS-SFV9368	
	
1	

Click to add clients to the census

Total Staff: 1

or click to continue

Continue

Create a Group: Census

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Census

?

Options

Return

Change Provider

View Groups

Add Group Session

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Name	Location	Primary Dx	Phone	Primary
+				
1				

Click to search clients to add to a group

Total Clients: 0Max Attendees: 25

Continue

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Find Clients To Add

Options

Return

☒ Search by ID.

Type: ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date: Or Age: Axis I:

Gender: Axis II:

Ethnicity:

Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

**** For optimal performance, a maximum of 500 records will be returned from the search result.**

Create a Group: Census

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | **Clinical** | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC | jgarciabagues

Add Clients to Group Census

Options

Return

	Client ID	Client Name	Gender	SSN	DOB	Phone
Add			Male	999999999	07/12/1970	
1						

1. Click to add

2. Click if there are more people to add

3. Click when done adding

Finish **New Search**

Create a Group: Census

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

jgarciabagues

Group Census

?

Options

Return

We have added our client to the Census tab

Search Groups

Create Group

Daily Log

Details

Leads

Census

Attendance Hx

Syllabus

Name	Location	Primary Dx	Phone	Primary	
Test xample	7100-SFV CMHC CENTE	Schizophrenia, Paranoid Type		ADAMS-SFV9368	
					
1					

Click to add more clients

Total Clients: 1

Max Attendees: 25

Click

Continue

Add Group Session

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
+			
1			

Click on either options to add a group session

Continue

Add Group Session: Providers

The screenshot shows a web application interface for adding group session providers. At the top, there are navigation tabs: 'Home', 'Clinical' (which is highlighted), 'Administrative', 'Plan', and 'CIOB'. Below these is a header bar with the text '7100-SFV CMHC CENTE:7100A-SFV CMHC'. The main title of the page is 'Providers'. On the left side, there is a sidebar with an 'Options' section containing a 'Return' link. The main content area has two tabs: 'Providers' (active) and 'Clients'. Below the 'Providers' tab, there is a section titled 'Add provider:' with a dropdown menu showing 'ADAMS-SFV9368'. Below this dropdown are two buttons: 'Add >>' and 'Add All >>'. To the right of the 'Add provider:' section, there is a 'Date:' field and a 'Total Time:' section with 'Hours' and 'Minutes' input boxes. Below the 'Add provider:' section, there is a table with columns 'Name', 'H', and 'Minutes'. The table has one row with the number '1' in the 'Name' column. At the bottom right, there is a 'Continue' button. Five numbered callouts are present: 1. Points to the 'Date:' field. 2. Points to the 'Providers' tab. 3. Points to the 'Total Time:' section. 4. Points to the 'Add >>' button. 5. Points to the 'Continue' button.

2. Names of staff participating in this group are displayed here

1. Enter date of service

Options
Return

Providers Clients

Add provider:
ADAMS-SFV9368

Add >> Add All >>

Date:

Total Time: Hours Minutes

Name H Minutes

1

3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time

4. Click to add the staff's time to the list

5. Click

Continue

Add Group Session: Clients

1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

- 3.
- Enter a number if collateral is present.
 - For collateral type, enter whether "Family or Non-Family".
 - For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

Add Group Session: Non DMH Clients

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Add Group Session - Clients

Options **Providers** **Clients**

Return

Client: Test, Blue ☒ Present Date: 10/24/2008

Resp. Lead: GRAY-E279426 Duration: 0

Collateral: 0

Collateral Type: **Add >>**

Non DMH Group Member: 3 **Add Non DMH Client**

Name	Collateral	NonDMH	Resp Lead
Example	0		ARROYO-0124939
Tester, Tersteree	0		ARROYO-0124939
1	0	X	
2	0	X	
Tester, Exampleone	0		GRAY-E279426
1			

Continue

1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciaabagues

Add Group Session - Confirm

Options

Return

Date: 02/08/2008 Duration: 30

Name	Col	Collat. Type
<input checked="" type="checkbox"/> Test, Example	0	
1		

of DMH Clients Represented: 1

of Group members not enrolled in DMH: 0

Name	Hours	Minutes
ADAMS-SFV9368	1	30
1		

Total # of Minutes: 90

Cancel OK

Click

All clients' name would be listed here.

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Attendance

Options
Return
Change Provider
View Groups
Add Group Session
Search Groups
Create Group
Daily Log

Details Leads Census Attendance Hx Syllabus

Date	Clients Represented	Total People Present	# of Clinicians
02/08/2008	1	1	1
+			
1			

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

Continue

Add Group Session: Billing

Los Angeles
COUNTY

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

7100-SFV CMHC CENTE:7100A-SFV CMH

jgarciabagues

X

Group Attendance History

?

Options

Return

Date: 02/08/2008

Duration: 30

Present?	Client ID	Name	Col	Collat. Type
X		Test, Example	0	
1				

Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Total # of Minutes: 90

Group Syllabus

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Group Syllabus

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details Leads Census Attendance Hx Syllabus

This is where you write notes

Click

Clear Restore Save

EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log

The image shows two screenshots of the Los Angeles County Department of Mental Health web application. The top screenshot is the 'Daily Log - Search' page, and the bottom screenshot is the 'Daily Log' results page. Callouts with arrows point to specific UI elements in both screenshots.

Top Screenshot: Daily Log - Search

Navigation: Home Clinical A
7100-SFV CMHC CENTE:7100

Daily Log - Search

Options:
Return
Change Provider
Find Client
Client List
Client Case Load

Rendering Provider: [Text Field]
Service Date: [Text Field] [Calendar Icon]

Click [Search Button]

Select rendering provider [Callout to dropdown arrow]

Select service date [Callout to calendar icon]

Bottom Screenshot: Daily Log

Navigation: Home Clinical Administrative Plan CIOB
7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues [X]

Selected Date: 02/06/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368] ?

Options:
Return
Change Provider
Find Client
Client List
Client Case Load
Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
1	Test, Example	02/06/2008	11 [i]	104	1	90801 [i]	[X]	[S]	[i]

Click to go to COS screen [Callout to 'Add Comm Svc' link]

Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.
- On the Find Client screen you will see the Daily Log link under the Options menu.
- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.
- On the Daily Log screen, click on Add Comm. Svs. under Options.
- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE VALLEY;1904A-ANTELOPE VALLEY

Add Community Service

Options

Return

Date of Service: RP: # of People Contacted:

Service Recipient Type:

Service Location Information: Service Type Desc:

Ethnicity: Origin:

Primary Lang: Tribe:

Program Area: Age Category:

Handicap: Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Add >>

Name
1

Save Cancel

Complete this page according to your COS sheets

Confidential patient information, see California Welfare and Institution Code section 5328.

Community Outreach Services

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368] ?

Options

[Return](#)

[Change Provider](#)

[Find Client](#)

[Client List](#)

[Client Case Load](#)

[Add Comm Svc](#)

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
N/A	N/A	02/08/2008		1	1	Community Client Services <i>i</i>			
	TestClient, Example	02/08/2008	11 <i>i</i>	120	1	90801 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Test, Example	02/08/2008	11 <i>i</i>	90	1	90853 <i>i</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.

Note: you can access past services through the daily log.

Edit Community Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options

DOS: 2/8/2008 RP: ADAMS, CASSANDRA-[SFV9368]

Return Service Recipient Type: CalWORKs # of People Contacted: 5

Service Location Information: Service Type Desc:

Ethnicity: 03-Hispanic Origin: Mexico

Primary Lang: 01-English Tribe:

Program Area: Disaster Response Age Category: 25-44

Handicap: 00-Not physically disabled/no significant Duration (FMI): 3

Funding Source: CGF

Service Code: Community Client Services

Additional Participating Staff

Name

1

Click

Save Cancel